



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
MEACHAM	LAWRENCE	A	737-6777
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1123-D 2nd Ave	Honolulu	HI	96816
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
American Civil Liberties Union of Hawaii	522-5900
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
P.O. Box 3410	Honolulu HI 96801
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Vanessa Chong	522-5900
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
P.O. Box 3410	Honolulu HI 96801

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below)
<u>Civil Liberties</u> |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Lawrence Meacham

(Signature of Lobbyist)

1/3/03

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
American Civil Liberties Union of Hawaii	Executive Director
NAME OF ORGANIZATION (if applicable)	TELEPHONE
P.O. Box 3410	522-5900
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
Honolulu	HI
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
<u>Vanessa Chong</u>	01/06/03
(Signature of Authorizing Officer or Person Represented)	(Date)